

Mail Stop Patent Application
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

PATENT
Date: November 18, 2003
File No. 1315.68260

U.S. PTO
10/717092



Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Steve Wang

For: KENNEL

I hereby certify that this paper is being deposited with the
United States Postal Service as Express Mail in an envelope
addressed to: Mail Stop Patent Application, Commissioner
for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on
this date.

November 19, 2003
Date

Daniel O'Connell
Express Mail No.: EL 846178885 US

Enclosed are:

- (X) 16 pages of specification, including 20 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- () an unexecuted oath or declaration, with power of attorney.
- () _____ sheet(s) of informal drawing(s).
- (X) 6 sheet(s) of formal drawings(s).
- () Assignment(s) of the invention to _____.
- () Assignment Form Cover Sheet.
- () A check in the amount of \$_____ to cover the fee for recording the assignment(s)
is enclosed.
- (X) Information Disclosure Statement.
- (X) Form PTO-1449 and cited references.
- () Associate power of attorney.
- () Priority Document.

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 770.00
b) Independent Claims	<u>3</u>	-	3	=	<u>0</u>	x \$ 86.00 = \$ <u>.00</u>
c) Total Claims	<u>20</u>	-	20	=	<u>0</u>	x \$ 18.00 = \$ <u>.00</u>
d) Fee for Multiple Dependent Claims						\$290.00 = \$ <u>.00</u>
Total Filing Fee						\$ <u>770.00</u>

- () Applicant qualifies as a Small Entity, reducing Filing Fee by half to \$_____
- (X) A check in the amount of \$ 770.00 to cover the filing fee is enclosed.
- () Charge \$_____ to Deposit Account No. 07-2069.
- () Other _____.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

November 19, 2003

Respectfully submitted,

300 South Wacker Drive – Suite 2500
Chicago, Illinois 60606
Telephone: (312) 360-0080
Facsimile: (312) 360-9315
Customer Number 24978

GREER, BURNS & CRAIN, LTD.

By: *Joseph P. Fox*
Joseph P. Fox
Registration No.: 41,760